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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/870,391	
	Filing Date	May 30, 2001	
	First Named Inventor	Eric B. Cummings	
	Art Unit	2876	
	Examiner Name	Ahshik Kim	
Mail Stop	Issue Fee	Attorney Docket Number	8200-0007

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> No fee due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee(s) due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check for \$* <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Return postcard <input checked="" type="checkbox"/> Amendment under 37 C.F.R. § 1.312 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 <input type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is hereby authorized to charge any additional or underpayment of fee(s) to Deposit Account No. 18-0580.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name (print/type)	Shelley P. Eberle, Reg. No. 31,411 Reed & Eberle LLP	Telephone	(650) 330-0900
Signature	<i>Shelley Eberle</i>	Date	May 26, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Name (print/type)	Joe Clark	Date	May 26, 2004
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